# UNITED STATES DISTRICT COURT

for the

Western District of Oklahoma

Plaintiff(s)  (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional	Case No.  (to be filled in by the Clerk's Office)  Jury Trial: (check one)  Yes No
page with the full list of names.)	
OMES Riskmanaement	; FILED
Ronda Acton/su Attached Defendant(s)	AUG 2 0 2024
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	)  JOAN KANE, CLERK  U.S. DIST. COURT, WESTERN DIST. OKLA.  BY, DEPUTY

### COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Cary Williams

2435 NE10 th St Apt |

OKla. City OK 73117

Williamsgary 526@gmail

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1	
Name	OMES Risk Management
Job or Title (if known)	2401 N. Lincoln
Street Address	OKla. City. OK 73105
City and County	Suite 118
State and Zip Code	405-521-4999
Telephone Number	
E-mail Address (if known)	ORR® omes.ok,gov
Defendant No. 2	
Name	Ronda Anton
Job or Title (if known)	Risk-management Coordinator
Street Address	2401 N. Lincolo
City and County	OKla, City, OK 73105
State and Zip Code	Suite 118
Telephone Number	405) 521-4999
E-mail Address (if known)	ORR@omes.ok.gov
	5
Defendant No. 3	
Name	Vicki U. Booth
Job or Title (if known)	President and Board Chair
Street Address	3310 West End Avenue, Suite 700
City and County	Nashville, Tennessee 37203
State and Zip Code	615-269-8175
Telephone Number	
E-mail Address (if known)	
Defendant No. 4	
Name	Peter F. Lule
Job or Title (if known)	Executive Vice President
Street Address	3310 West End Avenue, Suite 700
City and County	Nashville, Tennessee 37203
State and Zip Code	615-269-8175
Telephone Number	
E-mail Address (if known)	

#### II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

Wha	at is the basis f	for federal court jurisdiction? (check all that apply)			
	Federal o	question Diversity of citizenship			
Fill	out the paragr	raphs in this section that apply to this case.			
A.	If the Bas	sis for Jurisdiction Is a Federal Question			
		st the specific federal statutes, federal treaties, and/or provisions of the United States Constitution the at issue in this case.			
	75	OKla. Stat. § 250.1			
В.	If the Bas	sis for Jurisdiction Is Diversity of Citizenship			
	1. T	he Plaintiff(s)			
	a.	If the plaintiff is an individual			
		The plaintiff, (name)  State of (name).	, is a citizen of the		
	b.	. If the plaintiff is a corporation			
		The plaintiff, (name)	, is incorporated		
		under the laws of the State of (name)			
		and has its principal place of business in the State of (name)			
		•			
		If more than one plaintiff is named in the complaint, attach an additional pame information for each additional plaintiff.)	page providing the		
	2. T	The Defendant(s)			
	a.	. If the defendant is an individual			
		The defendant, (name) Todd J. Meredith	, is a citizen of		
			Or is a citizen of		

b.	If the defendant is a corporation
	The defendant, (name, Healthcare Realty Trust, is incorporated under
	the laws of the State of <i>(name)</i> , and has its
	principal place of business in the State of (name) Oklahama City
	Or is incorporated under the laws of (foreign nation)
	and has its principal place of business in (name)

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

## 3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

# noneconomic Damages

#### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On I was false arrested on July 27, 2021 at Integris Baptist Hospital, was detained for over 2 plus years in the oxlahoma county Jail awaiting trail, and on August 23, 2023 I was forced to plead to several counts that weren't committed and all of this was possible with gross neglect of the administration pracedures laws not done by the defendant.

#### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. I incurred a fractured nost and several Stitches, also have been diagnosed with PTSD by physician, also having to continue care about nose damage with a physician, Plaintiff in this request the honorable court Grant noneconomic Damages, Post Judgement with the Periodic Payment of Future Damages, also add the contempt fine.

#### V. **Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

Date of signing:

B.

8-20-24

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Signature of Plaintiff	Mary Williams	
Printed Name of Plaintiff	Gary Owilliams	
For Attorneys		
Date of signing: 8.20	7-24	
Signature of Attorney	Dary Williams	
Printed Name of Attorney	Gary William	
Bar Number		
Name of Law Firm		a **
Street Address	2435 NE 10+25+ Apt 1	*
State and Zip Code	OHa, City, OK 73117	
Telephone Number	405)223-8818	
E-mail Address	Williamsgary 526@ gmail	1
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